



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

M. J. "MIKE" FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

December 21, 2000

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2001-33

TO: All UPS Agencies

FROM: Ronald S. Mitchell
Director

SUBJECT: New Products Approved by the Employee Payroll Benefits Committee (EPBC)

During the annual EPBC review process of all new and current miscellaneous vendor applications, the following changes will be made, **effective January 1, 2001**:

- **Starmount Life Insurance Co.** has been approved for an upgrade to their existing dental insurance product. There will not be any code changes for this product (MSD PA/NA 17) since this will replace their old product. This product will be eligible for participation in the Flexible Benefits Plan (FBP) on January 1, 2001.
- **Guaranty Income Life Insurance Co. (MSG)** has been approved to offer a new dental product, Q-Dent Dental Plan. The new code, **MSG NA 23**, will be available in the Uniform Payroll System (UPS) for the pay period beginning December 25, 2000. This product will not be eligible for participation in the FBP until July 1, 2001.
- **MS of A Dent-All** has been approved to offer a new plan in addition to their 3 in 1 program (dental, vision, and prescription). The new plan is a 6 in 1 program (dental, vision, chiropractic, 24-hr. nurse hotline, hearing aids, and vitamin supplement). There will not be any code changes (MSS PA/NA 23), since this is an additional plan under their existing product. This plan will not be eligible for participation in the FBP until July 1, 2001.

Attached is an updated Vendor/Coordinator Listing (VC-02) reflecting these changes and a copy of the approved SED4 (Payroll Deduction Authorization) Form for the new dental product offered by Guaranty Income Life Insurance Company.

If you have any questions, please call Paula Rotolo at (225) 342-5357 or Stacey Guilbeau at (225) 342-5337.

RSM:PAR:kmb

[Attachments](#)

Code Product Code	Vendor Product Description	Product Code	Best Rating/Cafe Indicator Product Description	Coordinator Address/Phone
MSA	American Heritage Life Insurance Co.		F/A+ / CP	J. Craig Hensley 2400 Veterans Blvd, Suite 235 Kenner, LA 70062 (504) 466-3337 (504) 466-1441 (FAX)
PA*/NA* 25	Cancer	NN* 27	Accident	
NP* 22	Dis Income	NRz 31	Term Life	
NSz 32	Universal Life			
MSB	American Income Life Insurance Co.		F/A / Non CP	Darlene Cunningham 1200 Wooded Acres Waco, TX 76710 (254) 751-8600 (254) 751-8637 (FAX)
NM* 25	Cancer	NN* 26	Health	
NPz 37	Dependent Life (Rider)	NRz 34	Term Life (Rider)	
NSz 31	Whole Life			
MSC	Conseco Health Insurance Inc.		F/A / CP	Gloria Tutt Post Office Box 83360 Baton Rouge, LA 70884 (225) 769-0500 (225) 769-0160 (FAX)
PA*/NA* 25	Cancer	NM* 80	Cancer/C-V	
PB*/NB* 20	Intensive Care	NN* 83	Intensive Care/C-V	
NT* 27	Accident	NP* 81	Accident/C-V	
PD*/ND* 16	HeartCare	NR* 82	HeartCare/C-V	
NS* 84	Hosp Ind/C-V	NZ* 99	*Grandfather*	
MSD	Starmount Life Insurance Company		D/B+ / CP	Erich Sternberg PO Drawer 14389 Baton Rouge, LA 70898-4389 (225) 926-2888 ext. 173 (225) 926-6292 (FAX)
PA*/NA* 17	Preferred Dental			
MSE	Guaranty Assurance Co		D/- / CP	Alicia Thomas PO Box 40017 Baton Rouge, LA 70835-0017 (225) 291-3172 (225) 292-3075 (FAX)
PA*/NA* 23	DINA Pref			
MSF	Loyal American Life Insurance Co.		F/A / Non CP	Cathy Newbold PO Box 5418 Cincinnati, OH 45201-5418 (800) 633-6752 ext.1155 (513) 412-1172 (FAX)
NMz 32	Universal Life			
NPz 34	Ordinary Life			
MSG	Guaranty Income Life Insurance Co.		D/B+ / CP	Sherry Ducote PO Box 2231 Baton Rouge, LA 70821 (225) 383-0355 (225) 343-0047 (FAX)
PA*/NA* 23	Q-Dent	NMz 32	Universal Life	
MSH	Protective Life Insurance Co.		F/A+ / Non CP	Debra Lawson PO Box 12687 Birmingham, AL 35303-6687 (800) 866-9933 (205) 868-3402 (FAX)
NM* 80	Cancer	NNz 29	Disability	
NPz 31	Whole Life	NRz 30	Term Life	
NSz 32	Universal Life			
MSI	American Family Life Assurance Co.		F/A+ / CP	Allyson Goodwin 1932 Wynnton Road Columbus, GA 31999 (706) 317-6130 (706) 660-7284 (FAX)
PA*/NA* 25	Cancer	PB*/NB* 20	Intensive Care	
PC*/NC* 21	Hospital Indemnity	NV* 81	Acc/Disab	
NSz 38	LifeCare, Adv, Ord	NTz 29	Convalescent Care	
NUz 29	Medicare Supp			

Product codes followed by an "*" must be used for system entry.
Product codes followed by a "z" must be entered as **NZ**.

Code Product Code	Vendor Product Description	Product Code	Best Rating/Cafe Indicator Product Description	Coordinator Address/Phone
MSJ	American Public Life Insurance Co.		F/B++ / CP	Sharon Starnes PO Box 925 Jackson, MS 39205-0925 (800) 256-8606 ext. 214 (601) 932-9011 (FAX)
PA*/NA* 25 NM* 27 PE*/NE* 15 NSz 31	Cancer Accident Denta-Care II Whole Life	PB*/NB* 20 PD*/ND* 23 NRz 30	Intensive Care Denta-Care I Group Term Life	
MSK	Colonial Life & Accident Insurance Co.		F/A+ / CP	Chuck Byrd Attn: Mail Stop SC 122 Columbia, SC 29202-1365 (800) 845-7330 (FAX)
PA*/NA* 63 NM* 60 NRz 69	Cancer Disability/Accident Life	PB*/NB* 78 PD*/ND* 76 NSz 77	Intensive Care Hosp. Income Whole Life	
MSL	Life Investors Insurance of America		F/A / CP	Shannon Geary PO Box 2260 Little Rock, AR 72203 (800) 322-0426 ext. 466 (501) 371-3109 (FAX)
PA*/NA* 25 NT* 27 PC*/NC* 16 PD*/ND* 20 NRz 30	Cancer Accident Heart ICU Life	NM* 80 NN*81 NP* 82 NS* 83	Cancer/C-V Accident/C-V Heart/C-V ICU/C-V	
MSN	New York Life Insurance Company		F/A++ / Non CP	Stephen Goldsmith PO Box 500 Minneapolis, MN 55440 (612) 884-4041 (612) 884-2477 (FAX)
NMz 22 NPz 32	Disability Universal Life	NNz 31 NSz 30	Whole Life Term	
MSP	Professional Insurance Company		F/A / CP	Tonya M Oliver PO Box 130015 Raleigh, NC 27605-1015 (800) 730-6487 ext 8271 (919) 786-8889 (FAX)
NM* 25 NN* 27 NSz 30	Cancer Accident Term	PB*/NB* 21 NRz 34 NTz 32	Hospital Income Term Life Whole Life	
MSQ	Prepaid Legal Services		N/ILOC / Non CP	Mark Riches 4660 Mirandy Rd Cookeville, TN 38506 (931) 537-2230 (931) 537-2270 (FAX)
NM* 99	Pre-Paid Legal			
MSS	MS of A Dent-All Plan, Inc.		N/ILOC / CP	Barbara Auge PO Box 1418 Tomball, TX 77377-1418 (800) 999-5842 (281) 351-2786 (FAX)
PA*/NA* 23	Dental/Eye/Rx			
MSYG	State Employees Group Benefits		-/- / Non CP	Ray Harrison PO Box 44036 Baton Rouge, LA 70804 (225) 925-3739 (225) 925-6733 (FAX)
NM* 50	Universal Life			

GUARANTY INCOME LIFE INSURANCE COMPANY
929 GOVERNMENT STREET - BATON ROUGE, LOUISIANA 70802-6089
P. O. BOX 2231 - BATON ROUGE, LOUISIANA 70821-2231
Phone: (225)-383-0355 Fax: (225)-343-0047

STATE OF LOUISIANA EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION							
Employee Name			Soc	Sec	No.	Payroll Reporting No.	
Department/Agency/Section Name				Control No.		Authorized Codes MSG a MSG m	
I hereby authorize my employer to deduct a total of \$ _____ each month from my salary until further notice and remit same to GUARANTY INCOME LIFE INSURANCE COMPANY. A Total Semi-Monthly Deduction in the amount of \$ _____ represents one half of the total monthly premium required for the coverage(s) detailed below. I, Hereby waive on behalf of myself, my heirs, successors, agents, and assigns any and all rights of action against the State of Louisiana, its agents, and assigns, arising out of the deduction, failure to deduct, or any other handling of this request for payroll withholding.							
DEDUCTION DETAILS (Product Codes, Premium Amounts, 125 Eligibility) MENU ELECTIONS							
PRODUCT NAME	PLAN PART. CODE	125 ELIG.	MO. PREM	PAYROLL CODE	INELIGIBLE & NON-PART. Semi-Mo.	ELIGIBLE PART. Semi-Mo.	
Q-DENT	23 P	Y	\$	MSG-PA	N/A	\$	
Q-DENT	23 N	Y	\$	MSG-NA	\$	N/A	
SUB TOTALS MSG Non-Part. And Part.			\$		\$	\$	
UNIVERSAL LIFE	32 N	N	\$	MSG-NM	\$	N/A	
Begin/Change Date			Total Monthly Premium	\$			
			Total Semi-Mo. Ineligible	MSG		\$	
			Total Semi-Mo. Non-Part.	MSG		\$	
			Total Semi-Mo. Part.	MSG		\$	
Date Authorized			TOTAL SEMI-MONTHLY		MSG	\$	
BY: _____ <div style="text-align: center;">Employees Signature</div> (THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION) Presentation and deduction authorization processed by: _____ <div style="display: flex; justify-content: space-between;"> MSG Agent Phone </div> _____ Mailing Address _____ City, State and Zip				<div style="text-align: center;">FOR GUARANTY INCOME USE ONLY</div> Life Policy Death Benefit Amount _____ Monthly Premium Base Policy \$ _____ Additional Life Policies Premium \$ _____ <div style="text-align: right;">\$ _____</div> <div style="text-align: right;">\$ _____</div> Q-Dent Base Policy Premium \$ _____ Additional Q-Dent Premiums \$ _____ Total Monthly Premium \$ _____			